

May 24, 2006

Chief, Policy and Compliance Division

Transmittal # 93 CHAMPVA Policy Manual

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**PUBLICATIONS AND TRANSMITTAL CHANGE  
FOR THE CHAMPVA PM (POLICY MANUAL)**

Explanation of the changes and related index updates to the CHAMPVA PM are in the following summary.

**MTOC (Master Table of Contents)**

- Amends the MTOC by adding new policy Chapter 3, Section 6.4, *CITI (CHAMPVA Inhouse Treatment Initiative) Reimbursement*.

**Chapter 1, Section 4.1, CITI (CHAMPVA INHOUSE TREATMENT INITIATIVE)**

- Under Policy removes references to reimbursement and billing criteria, and adds reference to the new CITI reimbursement policy located at Chapter 3, Section 6.4, CITI (*CHAMPVA Inhouse Treatment Initiative*) *Reimbursement*.

**Chapter 2, Section 2.4, POSTMASTECTOMY RECONSTRUCTION BREAST SURGERY.**

- Amends Authority.
- Under Policy Considerations clarifies the coverage of specific types of reconstruction mastectomies.

**Chapter 2, Section 5.1, ADJUNCTIVE DENTAL CARE.**

- Amends Procedure Codes.
- Removes Description and adds Definition for adjunctive dental care.
- Under Policy clarifies preauthorization requirement and other language pertaining to loss of jaw substance; intraoral abscess that extends beyond the alveolus; facial injuries to the jaw that require removal of teeth and/or tooth fragments; TMJ (Temporomandibular Joint) syndrome; adjunctive dental and orthodontia related to severe congenital anomalies; adds coverage of preventive or prophylactic tooth extraction when required as part of an organ transplant, alloplastic implants, or radiation therapy; removes from Policy references to specific excluded intraoral abscesses and equilibration and

restorative occlusal for myofascial pain dysfunction syndrome and adds this information to Exclusions.

- Under Exclusions revises language for the treatment of generally poor dental health or dental pain associated with poor dentition or if due to certain systemic causes; adds non-severe congenital anomalies, such as tooth buds or malocclusion.

**Chapter 2, Section 11.3, TRANSFUSION SERVICES FOR WHOLE BLOOD, BLOOD COMPONENTS, AND BLOOD DERIVATIVES.**

- Under Policy adds that when transfusion services are performed in an outpatient setting and the patient does not use the whole blood or blood components, a separate charge is allowed for the typing and cross-matching procedure.

**Chapter 2, Section 15.9, OUTPATIENT OBSERVATION STAYS.**

- Amends the Procedure Codes.

**Chapter 2, Section 19.1, MUSCULOSKELETAL SYSTEM.**

- Under Exclusions further defines prolotherapy as (growth factor or growth factor stimulation injection).

**Chapter 2, Section 20.1, NERVOUS SYSTEM.**

- Under Exclusions adds VNS (Vagus Nerve Stimulator) for any other indication, except as defined in Policy, to include refractory depression, autism, obesity, cognitive impairment associated with Alzheimer's disease, and obsessive-compulsive disorder.

**Chapter 2, Section 30.1, PHYSICAL MEDICINE/THERAPY.**

- Under Policy Considerations removes references to claims adjudication.

**Chapter 3, Section 1.1, CLAIMS PROCESSING-GENERAL.**

- Under Definitions adds language to explain the differences between a non-participating provider and that of a participating provider.

**Chapter 3, Section 5.1, OUTPATIENT AND INPATIENT PROFESSIONAL PROVIDER REIMBURSEMENT.**

- Under Policy revises "allowable charge" language and removes reference to Medicare Economic Index (MEI)
- Under Policy Considerations adds reference to participating and non-participating providers found in Chapter 3, Section 1.1, Claims Processing-General.

**Chapter 3, Section 6.4, CITI (CHAMPVA INHOUSE TREATMENT INITIATIVE) REIMBURSEMENT.**

- Adds new CITI reimbursement policy and billing criteria.

**Code Index.** Amends index to add and delete codes referenced in this transmittal.

**Subject Index.** Amends index to add and delete codes referenced in this transmittal.

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